

3/24 020 (2)

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 929-6621  
Fax (978) 264-9630

**Steven L. Ledoux**  
**Town Manager**

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March 6, 2014

The Acton Beacon:  
Atten: Legals

Please place the following Legal **Notices** in the Thursday, March 13, 2014 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Bueno Acton, LLC  
90 Concord Road  
Acton, MA 01720  
617-645-1130

Very truly yours,

Christine M. Joyce  
Town Manager's Office

**Please confirm receipt to: Christine [cjoyce@acton-ma.gov](mailto:cjoyce@acton-ma.gov)**

**Town of Acton**  
**Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on March 24, 2014 at 7:30 p.m. on the application of Bueno Acton, LLC, d/b/a Bueno Y Sano, Jason B. Brady, Manager, for a Wine and Malt Liquor License as a Common Victualler at 263 Main Street, Acton.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

**ACTON BOARD OF SELECTMEN**

{blankabc.Doc.}



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM**

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL  
LICENSING AUTHORITY.**

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

370

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

New

LICENSEE NAME

Bueno Acton, LLC

ADDRESS

90 Concord Road

CITY/TOWN

Acton

STATE

MA

ZIP CODE

01720

**TRANSACTION TYPE (Please check all relevant transactions):**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit       | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License        |
| <input type="checkbox"/> Change Corporate Name           | <input type="checkbox"/> Issuance of Stock              | <input type="checkbox"/> New Stockholder      | <input type="checkbox"/> Transfer of Stock          |
| <input type="checkbox"/> Change of License Type          | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock      | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location              | <input type="checkbox"/> More than (3) \$15             | <input type="checkbox"/> Pledge of License    | <input type="checkbox"/> 6-Day to 7-Day License     |
| <input type="checkbox"/> Change of Manager               | <input checked="" type="checkbox"/> New License         | <input type="checkbox"/> Seasonal to Annual   |   |
| <input type="checkbox"/> Other                           | <input type="text"/>                                    |   |   |

**THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE  
CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION  
P. O. BOX 3396  
BOSTON, MA 02241-3396**

## APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Acton

### 1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual)		Bueno Acton, LLC	
B. Business Name (if different) :	Bueno Y Sano	C. Manager of Record:	Jason B. Brady
D. ABCC License Number (for existing licenses only) :			
E.Address of Licensed Premises:	263 Main Street	City/Town:	Acton
		State:	MA
		Zip:	01720
F. Business Phone:	978-263-9200	G. Cell Phone:	(617) 645-1130
H. Email:	jbradybys@yahoo.com	I. Website:	
J.Mailing address (If different from E.):		City/Town:	
		State:	
		Zip:	

### 2. TRANSACTION:

- |   |   |   |  |  |
|---|---|---|--|--|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of Stock              | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> Pledge of Stock |
| <input type="checkbox"/> Transfer of License    | <input type="checkbox"/> New Stockholder      | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of License |  |

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual      ☐ (6) Day to (7)-Day License      ☐ Wine & Malt to All Alcohol

**IMPORTANT ATTACHMENTS (1):** The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

### 3. TYPE OF LICENSE:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> §12 Restaurant | <input type="checkbox"/> §12 Hotel               | <input type="checkbox"/> §12 Club          | <input type="checkbox"/> §12 Veterans Club |
| <input type="checkbox"/> §12 General On-Premises   | <input type="checkbox"/> §12 Tavern (No Sundays) | <input type="checkbox"/> §15 Package Store |  |

### 4. LICENSE CATEGORY:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> All Alcoholic Beverages                             | <input checked="" type="checkbox"/> Wine & Malt Beverages Only | <input type="checkbox"/> Wine or Malt Only |
| <input type="checkbox"/> Wine & Malt Beverages with Cordials/Liqueurs Permit |  |  |

### 5. LICENSE CLASS:

- ☒ Annual      ☐ Seasonal

**6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)**

NAME: Steven R. Graham, Esq.

ADDRESS: 6 School Street

CITY/TOWN: Acton STATE: MA ZIP CODE: 01720

CONTACT PHONE NUMBER: (978) 264-0695 FAX NUMBER: (978) 264-0517

EMAIL: sgraham@graham-graham-law.com

**7. DESCRIPTION OF PREMISES:**

Please provide a complete description of the premises to be licensed. Please note that this must be identical to the description on the Form 43.

The premises is presently operated by the Applicant as an eat-in/take-out Mexican restaurant. The restaurant operates on the first floor of a two story building. The upper floor is strictly used for HVAC systems.

Total Square Footage: 2125 sq. ft. Number of Entrances: 2 Number of Exits: 2

Occupancy Number: 40 Seating Capacity: 26

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

**8. OCCUPANCY OF PREMISES:**

By what right does the applicant have possession and/or legal occupancy of the premises? Final Lease

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n): LLC Other:

Name: Kelley's Corner, LLC Phone: (978)502-2276

Address: 6 Littlefield Road City/Town: Acton, State: MA Zip: 01720

Initial Lease Term: Beginning Date 11/01/2011 Ending Date 10/31/2016

Renewal Term: one Options/Extensions at: 5 Years Each

Rent: \$81,600.00 Per Year Rent: \$6,800.00 Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?  
Yes ☐ No ☒

**IMPORTANT ATTACHMENTS( 4):**

1. If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest with the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application.
2. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.
3. If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

**9. LICENSE STRUCTURE:**

The Applicant is a(n):

LLC

Other :

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

10/24/2011

State of Incorporation/Organization: Massachusetts

Is the Corporation publicly traded? Yes ☐ No ☒**10. INTERESTS IN THIS LICENSE:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

**IMPORTANT ATTACHMENTS (5):**A. All individuals or entities listed below are required to complete a Personal Information Form.B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form.

Name	All Titles and Positions	Specific # of Stock or % Owned	Other Beneficial Interest
Jason B. Brady	Member	80%	See Continuation Sheet
Michele A. Brady	Member	20%	See Continuation Sheet

\*If additional space is needed, please use last page.

**11. EXISTING INTEREST IN OTHER LICENSES:**

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☒ If yes, list said interest below:

Name	License Type	Licensee Name & Address
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

\*If additional space is needed, please use last page.

**12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:**

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒ If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

**13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:**

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☒ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

**14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :****A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☐ No ☐
2. Are you a Massachusetts Residents? Yes ☐ No ☐

**B.) For Corporation(s) and LLC(s) :**

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen?

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☐ No ☐

**15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:****A.) For Individual(s):**

1. Are you a U.S. Citizen? Yes ☐ No ☐

**B.) For Corporation(s) and LLC(s) :**

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes ☐ No ☒
2. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☒ No ☐

**C.) Shareholder(s), Member(s), Director(s) and Officer(s):**

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes ☒ No ☐

**16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:**

A. Purchase Price for Real Property:

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

E. Purchase Price for Inventory:

F. Other: (Specify)

G: TOTAL COST

H. TOTAL CASH

I. TOTAL AMOUNT FINANCED

**IMPORTANT ATTACHMENTS (6):** Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash must include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

**17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):**

Funds from operation of the restaurant.

\*If additional space is needed, please use last page.

**18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:**

A.

Name	Dollar Amount	Type of Financing
N/A		

\*If additional space is needed, please use last page.

B. Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☒

If yes, please describe:

**19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)**

A.) Is the applicant seeking approval to pledge the license? ☐ Yes ☒ No

1. If yes, to whom:

2. Amount of Loan:  3. Interest Rate:  4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☒ No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? ☐ Yes ☒ No

If yes, to whom:

**IMPORTANT ATTACHMENTS (7):** If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

**20. CONSTRUCTION OF PREMISES:**

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☐ Yes ☒ No

21. ANTICIPATED OPENING DATE:

IF ALL OF THE INFORMATION AND  
ATTACHMENTS ARE NOT COMPLETE  
THE APPLICATION WILL BE  
**RETURNED**



**Additional Space**

Please note which question you are using this space for.

Continuation Sheet:

Paragraph 10 of Application continuation:

Each of the Members has made loans to the Company as reflect in their Personal Information forms.

Paragraph 4 D of Managers Application form continuation:

Classic Restaurant Concepts/Desmond O'Malleys Restaurant, 30 Worcester Road, Framingham, MA. 01702 (phone 508-875-9400), Restaurant Manager 2001-2007; Cambridge Packing Company, 41-43 Foodmart Road, Boston, MA 02110 (phone 617-464-6000) Sales Representative 2007-2012; Bueno Acton, LLC Owner/Manager 20012-present, 263 Main Street, Acton, MA 01720 (phone 978-263-9200)

**APPLICANT'S STATEMENT**

I, Jason B. Brady the ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP member

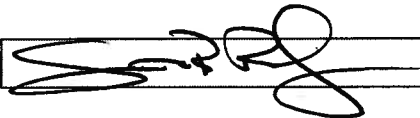
of Acton, MA, hereby submit this application for Bueno Acton, LLC (hereinafter the

"Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:



Date:

March 6 ,2014

Title:

Member



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**MANAGER APPLICATION**

All proposed managers are required to complete a Personal Information Form,  
and attach a copy of the corporate vote authorizing this action and appointing a manager.

**1. LICENSEE INFORMATION:**

Legal Name of Licensee:	<input type="text" value="Bueno Acton, LLC"/>	Business Name (dba):	<input type="text" value="Bueno Y Sano"/>
Address:	<input type="text" value="263 Main Street"/>		
City/Town:	<input type="text" value="Acton"/>	State:	<input type="text" value="MA"/>
		Zip Code:	<input type="text" value="01720"/>
ABCC License Number: (If existing licensee)	<input type="text"/>	Phone Number of Premise:	<input type="text" value="(978) 263-9200"/>

**2. MANAGER INFORMATION:**

A. Name:	<input type="text" value="Jason B. Brady"/>	B. Cell Phone Number:	<input type="text" value="(617) 645-1130"/>
C. List the number of hours per week you will spend on the licensed premises:	<input type="text" value="60"/>		

**3. CITIZENSHIP INFORMATION:**

A. Are you a U.S. Citizen:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Date of Naturalization:	<input type="text"/>	C. Court of Naturalization:	<input type="text"/>
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(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

**4. BACKGROUND INFORMATION:**

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: <input type="text"/>	
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: <input type="text"/>	
C. Have you ever been the Manager of Record of a license that was issued by this Commission?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: <input type="text" value="Classic Restaurant Concepts/Desmond O'Malley's, 30 Worcester Road, Framingham, MA. 01702"/>	
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):	
<input type="text" value="See Continuation Sheet"/>	

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

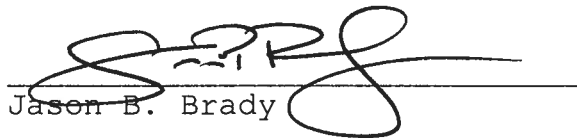
Date

AFFIDAVIT

I, Jason B. Brady, of Acton, Middlesex County, Massachusetts, having personal knowledge of the facts herein stated, under oath, depose and say as follows:

I was charged with, plead guilty to, and was convicted of operating under the influence of alcohol in the District Court in Rumford, Maine on May 2, 2006. . My license was suspended by the Maine Registry of Motor Vehicles as of that date and reinstated on October 18, 2006, after I successfully completed an alcohol education program..

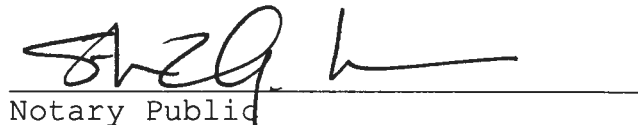
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS 6<sup>TH</sup> day of MARCH, 2014.

  
Jason B. Brady

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

On this 6<sup>TH</sup> day of March, 2014, personally appeared before me Jason B. Brady, who proved to me through satisfactory evidence of identification, which were [☒] personally known to me to have the identity claimed; or [ ] examination of Massachusetts Driver's License, to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of said document are truthful and accurate to the best of affiant's knowledge and belief.

  
Notary Public

My Commission Expires:  
[apply seal]



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**PERSONAL INFORMATION FORM**

Each individual listed in Section 10 of this application must complete this form.

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	Bueno Acton, LLC	B. Business Name (dba)	Bueno Y Sano		
C. Address	263 Main Street	D. ABCC License Number (If existing licensee)			
E. City/Town	Acton	State	MA	Zip Code	01720
F. Phone Number of Premise	(978) 263-9200	G. EIN of License	45-4054237		

**2. PERSONAL INFORMATION:**

A. Individual Name	Jason B. Brady	B. Home Phone Number	(978) 263-6793		
C. Address	97 Concord Raod				
D. City/Town	Acton	State	MA	Zip Code	01720
E. Social Security Number				F. Date of Birth	11/12/1974
G. Place of Employment	Bueno Acton, LLC				

**3. BACKGROUND INFORMATION:**

Have you ever been convicted of a state, federal or military crime?

Yes ☒ No ☐

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

**4. FINANCIAL INTEREST:**

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

I own an 80% interest in the Applicant. I made an initial capital contribution to start the business in October, 2011 in the amount of \$20,000.00. I have since loaned the Company \$65,000.00, which is an unsecured loan.

**IMPORTANT ATTACHMENTS (8):** For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

**\*If additional space is needed, please use the last page**

*I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:*

Signature

Date

March 6, 2014

Title

Member

(If Corporation/LLC Representative)



Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114

STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.  
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: (IF EXISTING LICENSEE)		LICENSEE NAME:	Bueno Acton, LLC	CITY/TOWN:	Acton
--	--	----------------	------------------	------------	-------

**APPLICANT INFORMATION**

LAST NAME:	Brady	FIRST NAME:	Jason	MIDDLE NAME:	B			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Boston, MA					
DATE OF BIRTH:	11/12/1974	SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Michelle Adams	DRIVER'S LICENSE #:	S69250654	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	11	WEIGHT:	220	EYE COLOR:	Brown
CURRENT ADDRESS:	97 Concord Road							
CITY/TOWN:	Acton	STATE:	MA	ZIP:	01720			
FORMER ADDRESS:	135 Salem End Road							
CITY/TOWN:	Framingham	STATE:	MA	ZIP:				

**PRINT AND SIGN**

PRINTED NAME:	Jason B. Brady	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	----------------	-------------------------------	--

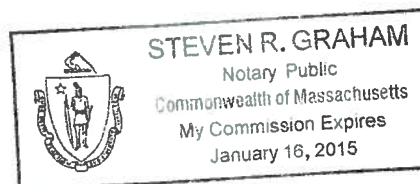
**NOTARY INFORMATION**

On this	March 6, 2014	before me, the undersigned notary public, personally appeared	Jason B. Brady
(name of document signer), proved to me through satisfactory evidence of identification, which were		MA Driver's License	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
		 NOTARY	

**DIVISION USE ONLY**

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

## PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

### 1. LICENSEE INFORMATION:

A. Legal Name of Licensee	Bueno Acton, LLC	B. Business Name (dba)	Bueno Y Sano	
C. Address	263 Main Street	D. ABCC License Number (If existing licensee)		
E. City/Town	Acton	State	MA	Zip Code 01720
F. Phone Number of Premise	(978) 263-9200	G. EIN of License	45-4054237	

### 2. PERSONAL INFORMATION:

A. Individual Name	Michele A. Brady	B. Home Phone Number	(978) 263-9283	
C. Address	15 Larch Road			
D. City/Town	Acton	State	MA	Zip Code 01720
E. Social Security Number			F. Date of Birth	07/02/1945
G. Place of Employment	Boston Medical Center			

### 3. BACKGROUND INFORMATION:

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

### 4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

I own a 20% interest in the Applicant. I made an initial capital contribution to start the business in October, 2011 in the amount of \$15,000.00 and an additional capital contribution of \$10,000.00 in December, 2012. I have loaned the Company \$51,730.00.00, which is an unsecured loan.

**IMPORTANT ATTACHMENTS (8):** For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

**\*If additional space is needed, please use the last page**

*I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:*

Signature		Date	March 6 ,2014
Title	Member	(If Corporation/LLC Representative)	



Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114

STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.  
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME: Bueno Acton, LLC	CITY/TOWN: Acton
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**APPLICANT INFORMATION**

LAST NAME: Brady	FIRST NAME: Michele	MIDDLE NAME: Adams
MAIDEN NAME OR ALIAS (IF APPLICABLE): Adams	PLACE OF BIRTH: New haven, CT.	
DATE OF BIRTH: 07/02/1945	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Malard	DRIVER'S LICENSE #: S19195230	STATE LIC. ISSUED: Massachusetts
GENDER: FEMALE	HEIGHT: 5 1	WEIGHT: 125 EYE COLOR: hazel
CURRENT ADDRESS: 15 Larch Road		
CITY/TOWN: Acton	STATE: MA	ZIP: 01720
FORMER ADDRESS: 21 Patriots Road		
CITY/TOWN: Acton	STATE: MA	ZIP: 01720

**PRINT AND SIGN**

PRINTED NAME: Michele A. Brady	APPLICANT/EMPLOYEE SIGNATURE: <i>Michele A. Brady</i>
--------------------------------	---

**NOTARY INFORMATION**

On this Thursday, 06 March, 2014 before me, the undersigned notary public, personally appeared Michele A. Brady

(name of document signer), proved to me through satisfactory evidence of identification, which were MA Driver's License

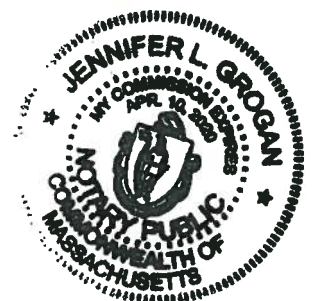
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*Jennifer L. Grogan*  
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
---------------	---------------------------------------

The DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to (617) 660-4614.





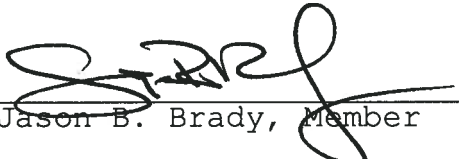
ATTACHMENT 1

BUENO ACTON, LLC  
CONSENT OF MEMBERS  
March 6, 2014

The undersigned members (the "Members") of BUENO ACTON, LLC (the "Company"), a Massachusetts limited liability company, hereby consent to and adopt the following resolutions:

RESOLVED: That the Company, be and hereby is authorized and directed to file with the Town of Acton and the Alcohol Beverage Control Commission an Application for a Retail Alcoholic Beverage License (\$12 Restaurant, Wine and Malt Beverage) in the form attached hereto as Exhibit A and incorporated herein by reference (the "Application"); further that Jason B. Brady be and hereby is authorized and directed to execute said Application and on behalf of the Company and to sign and execute any and all such other documents and take any and all action as necessary to carry out the foregoing.

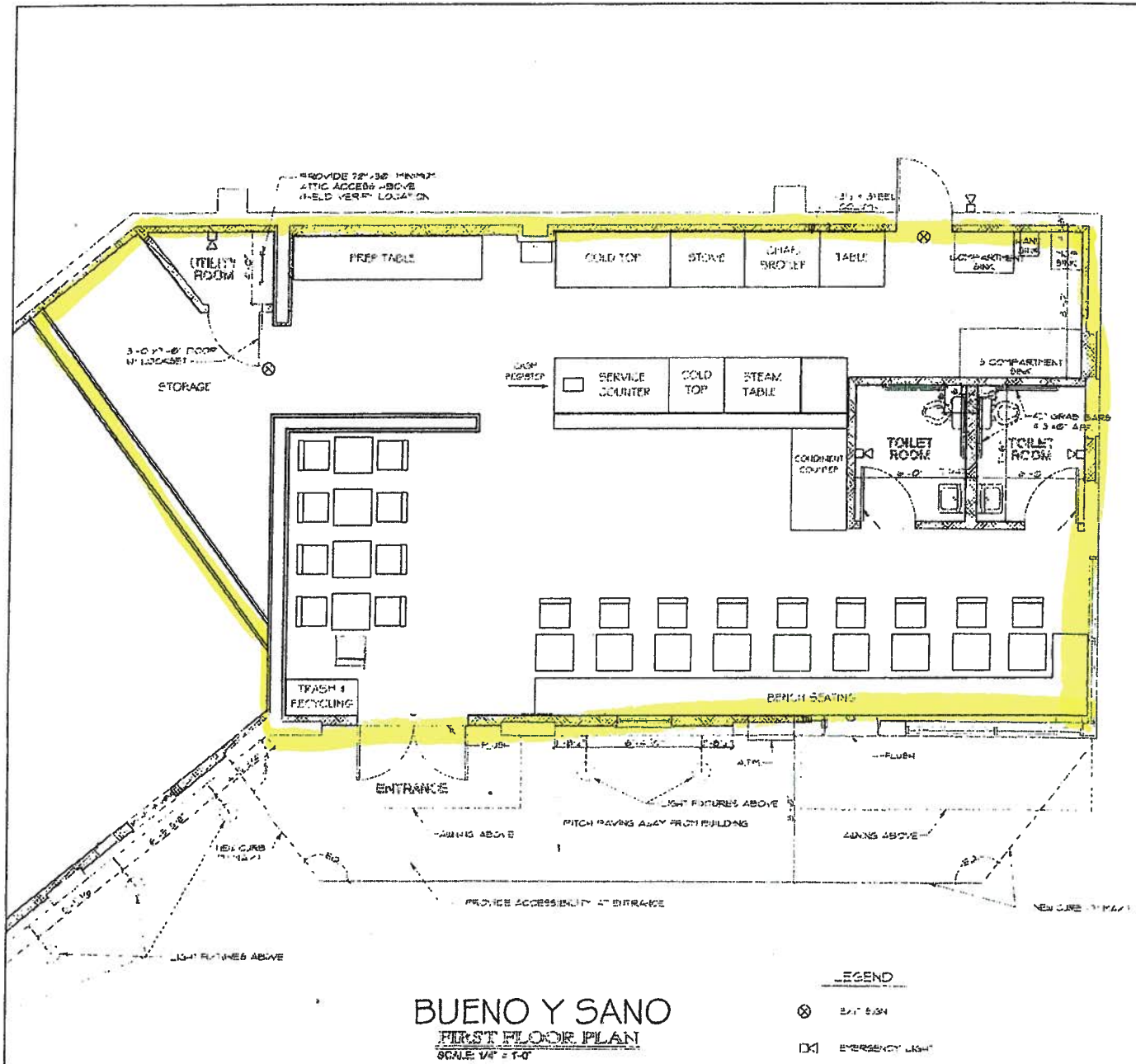
EXECUTED as a sealed instrument the day and year first above written.

  
\_\_\_\_\_  
Jason B. Brady, Member

  
\_\_\_\_\_  
Michele Brady, Member

THIS CONSENT MAY BE EXECUTED IN MULTIPLE COUNTERPARTS AND BY FACSIMILE.

# ATTACHMENT 2



ATTACHMENT 2

SPACE ADDED  
WITH 2ND  
LEASE AMEND

Left Hand Unit  
Approx. 1,500sf

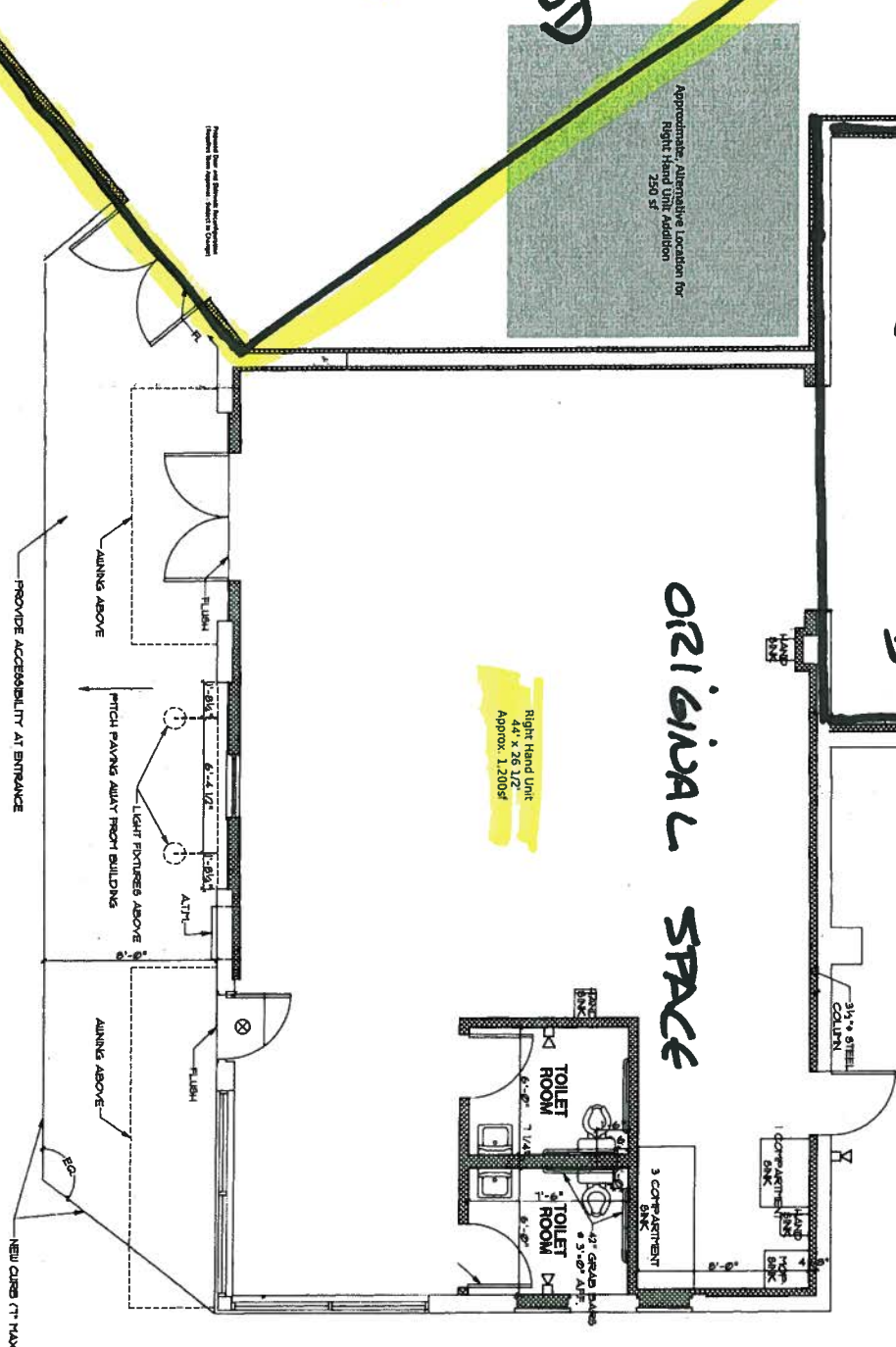
Approximate, Alternative location for  
Right Hand Unit Addition  
250 sf

**NOT  
CONSTRUCTED**

Proposed Right Hand Unit Addition  
(Requires Town Approval - Location Subject to Change)  
Approx. 250sf

ORIGINAL SPACE

Right Hand Unit  
44' x 26 1/2'  
Approx. 1,200sf



## Christine Joyce

---

**From:** Frank Widmayer  
**Sent:** Tuesday, March 11, 2014 2:31 PM  
**To:** Christine Joyce  
**Subject:** RE: Beer and wine License (new)

I have reviewed the application and I recommend that the Board of Selectmen approve the license for Bueno Y Sano.

Frank J. Widmayer III  
Chief of Police  
978-263-2911

-----Original Message-----

**From:** Christine Joyce  
**Sent:** Thursday, March 06, 2014 2:08 PM  
**To:** Frank Widmayer; Patrick Futterer; Frank Ramsbottom  
**Cc:** Lisa Tomy  
**Subject:** Beer and wine License (new)

Please make comments on this asap.

-----Original Message-----

**From:** [ATH-MGR-COPIER@acton-ma.gov](mailto:ATH-MGR-COPIER@acton-ma.gov) [<mailto:ATH-MGR-COPIER@acton-ma.gov>]  
**Sent:** Thursday, March 06, 2014 2:04 PM  
**To:** Christine Joyce  
**Subject:** Scanned from a Xerox multifunction device

Please open the attached document. It was scanned and sent to you using a Xerox multifunction device.

Attachment File Type: pdf, Multi-Page

multifunction device Location: Town Hall, First Floor  
Device Name: ATH-MGR-COPIER

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

## Christine Joyce

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**From:** Patrick Futterer  
**Sent:** Monday, March 10, 2014 11:20 AM  
**To:** Christine Joyce; Frank Widmayer; Frank Ramsbottom  
**Cc:** Lisa Tomy  
**Subject:** RE: Beer and wine License (new)

We have no issue at this time.

Respectfully,

Patrick J. Futterer, EFO, CFI  
Fire Chief  
Acton, MA 01720  
Phone: 978-929-7411  
Fax: 978-266-2885

-----Original Message-----

**From:** Christine Joyce  
**Sent:** Thursday, March 06, 2014 2:08 PM  
**To:** Frank Widmayer; Patrick Futterer; Frank Ramsbottom  
**Cc:** Lisa Tomy  
**Subject:** Beer and wine License (new)

Please make comments on this asap.

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## Christine Joyce

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**From:** Frank Ramsbottom  
**Sent:** Monday, March 10, 2014 11:26 AM  
**To:** Christine Joyce  
**Subject:** RE: Beer and wine License (new)

Good morning Christine

The building department has no concerns with the issuing of a liquor license to the Bueno Y Sano.

However the Bueno Y Sano will need to apply for a building permit for a change of use to use the former grocery store area. No use of this area is permissible by the Bueno Y Sano prior to approval by the Acton building and fire departments.

Frank Ramsbottom  
Building Commissioner  
Town of Acton, MA  
472 Main Street, 01720  
Phone # 978-929-6633  
Fax # 978-263-9630

-----Original Message-----

From: Christine Joyce  
Sent: Thursday, March 06, 2014 2:08 PM  
To: Frank Widmayer; Patrick Futterer; Frank Ramsbottom  
Cc: Lisa Tomy  
Subject: Beer and wine License (new)

Please make comments on this asap.

-----Original Message-----

From: [ATH-MGR-COPIER@acton-ma.gov](mailto:ATH-MGR-COPIER@acton-ma.gov) [<mailto:ATH-MGR-COPIER@acton-ma.gov>]  
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